STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AXITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AXITINIB	INLYTA	38446		GPI-10 (2133501300)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of advanced renal cell carcinoma (RCC) and meet **ONE** of the following criteria?
   - The patient has tried at least **ONE** systemic therapy for the treatment of RCC [e.g., Nexavar (sorafenib), Torisel (temsirolimus), Sutent (sunitinib), Votrient (pazopanib), or Avastin (bevacizumab) in combination with interferon]
   - Inlyta will be used in combination with avelumab (Bavencio) as a first-line treatment
   - Inlyta will be used in combination with pembrolizumab (Keytruda) as a first-line treatment

   If yes, **approve for 12 months by GPID or GPI-14 for all strengths with the following quantity limits:**
   - **Inlyta 1mg: #6 per day.**
   - **Inlyta 5mg: #4 per day.**

   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **AXITINIB (Inlyta)** requires the following rule(s) be met for approval:
   A. You have advanced renal cell carcinoma (RCC; type of kidney cancer)
   B. You also meet ONE of the following:
      1. You have tried at least ONE systemic therapy (treatment that spreads throughout the body) for the treatment of renal cell carcinoma such as Nexavar (sorafenib), Torisel (temsirolimus), Sutent (sunitinib), Votrient (pazopanib), or Avastin (bevacizumab) in combination with interferon
      2. Inlyta will be used in combination with avelumab (Bavencio) as a first-line treatment
      3. Inlyta will be used in combination with pembrolizumab (Keytruda) as a first-line treatment

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE
For further information, please refer to the Prescribing Information and/or Drug Monograph for Inlyta.

REFERENCES

- Inlyta [Prescribing Information]. New York, NY: Pfizer; June 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/10/21
Created: 02/12
Client Approval: 03/21
P&T Approval: 07/20